

CLAIMS ONLY							Application Number <i>101708657</i>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	24		6							
Total Depend	14	←	27	←			←	←	←	
Total Claims	31		33							